

# **EXHIBIT**

## **3**

CORPORATE AUTHORIZATION RESOLUTION

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

By: Active Medical Management Corporation  
1051 Main St  
Milton, WV 25541

1814

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, Lisa Henson, certify that I am Secretary (clerk) of the above named corporation organized under the laws of West Virginia, Federal Employer I.D. Number [REDACTED], engaged in business under the trade name of Active Medical Management Corporation, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 01/26/2015 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Lisa A Henson - <del>Managing Member</del> <sup>Accountant</sup></u>	X <u>[Signature]</u> X	
B. <u>Jeffrey A Hoops Sr - Managing Member</u>	X <u>[Signature]</u> X	
C. _____	X _____ X	
D. _____	X _____ X	
E. _____	X _____ X	
F. _____	X _____ X	

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
	(2) Open any deposit or share account(s) in the name of the Corporation.	
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7) Other _____	

LIMITATIONS ON POWERS The following are the Corporation's express limitations on the powers granted under this resolution.

## RESOLUTIONS

The Corporation named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation. Any Agent, so long as they act in a representative capacity as an Agent of the Corporation, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

**EFFECT ON PREVIOUS RESOLUTIONS** This resolution supersedes resolution dated \_\_\_\_\_. If not completed, all resolutions remain in effect.

### CERTIFICATION OF AUTHORITY

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

☐ If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on \_\_\_\_\_ (date).

Attest by One Other Officer \_\_\_\_\_

Secretary \_\_\_\_\_

### FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by \_\_\_\_\_ (initials) ☐ This resolution is superseded by resolution dated \_\_\_\_\_.

Comments:

**Account Agreement**

Date: 06/26/2015

<b>Institution Name &amp; Address</b>
United Bank - Charleston 500 Virginia St E Charleston, WV 25301
<b>Account Number</b>
1814

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

<b>Owner/Signer Information 1</b>	
Name	Jeffery A Hoops
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Energy Resources
Previous Financial Inst.	

<b>Owner/Signer Information 2</b>	
Name	Lisa A Henson
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Energy/Milton Wv
Previous Financial Inst.	

<b>Internal Use</b>
<b>Account Title &amp; Address</b>
Active Medical Management Corporation 1051 Main St Milton WV 25541-1215

<b>Ownership of Account</b>	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Trust-Separate Agreement Dated:	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Corporation - For Profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation - Nonprofit	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Company	

<b>Beneficiary Designation</b>	
(Check appropriate ownership above.)	
<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/>	

<b>Beneficiary Name(s), Address(es), and SSN(s)</b>	
(Check appropriate beneficiary designation above.)	

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

**Signature(s)**

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Terms and Conditions | <input type="checkbox"/> Privacy                       |
| <input type="checkbox"/> Electronic Fund Transfers       | <input type="checkbox"/> Truth in Savings              |
| <input type="checkbox"/> Substitute Checks               | <input checked="" type="checkbox"/> Funds Availability |
| <input type="checkbox"/> Common Features                 | <input checked="" type="checkbox"/> Fee Schedule       |
| <input type="checkbox"/> Arbitration Agreement           | <input type="checkbox"/>                               |

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

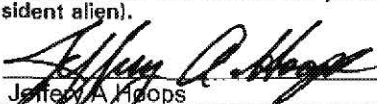
- |       |       |   |
|-------|-------|---|
| 1 [x] |       | ] |
| 2 [x] |       | ] |
| 3 [x] |       | ] |
|       | 4 [x] | ] |

CRF 3



Owner/Signer Information 3	
Name	Brent Walls
Relationship	Auth Signer
Address	[REDACTED]
Mailing Address (if different)	[REDACTED]
Home Phone	[REDACTED]
Work Phone	[REDACTED]
Mobile Phone	[REDACTED]
E-Mail	[REDACTED]
Birth Date	[REDACTED]
SSN/TIN	[REDACTED]
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	[REDACTED]
Other ID (Description, Details)	[REDACTED]
Employer	Walls & Associates, LLC
Previous Financial Inst.	

Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications	
(If not a "U.S. Person," certify foreign status separately.)	
TIN: [REDACTED]	
<input checked="" type="checkbox"/> <b>Taxpayer I.D. Number (TIN)</b> - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> <b>Backup Withholding</b> - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> <b>Exempt Recipients</b> - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X 	(Date)

Signature Card-Multistate  
Bankers Systems™ MDF EWVMPMP  
Wolters Kluwer Financial Services ©2003, 2006

Non-Individual Owner Information	
Name	Active Medical Management Corporation
EIN	[REDACTED]
Phone	304-390-5959
Mobile Phone	
E-Mail	
Type of Entity	Corporation
State/Country & Date of Organization	West Virginia, United States of America
Nature of Business	Corporation
Address	1051 Main St Milton, WV 25541-1215
Mailing Address (if different)	
Authorization/Resolution Date	06/26/2015
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Free Business Chknk /	[REDACTED] 1814	\$ 0.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other Terms/Information	
MDaniels - Charleston	

MPMP-LAZ 5/2/2007

Initials: \_\_\_\_\_ Page 2 of 2

# Account Agreement

Date: 01/26/2015

## Institution Name & Address

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

## Account Number

1814

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

## Owner/Signer Information 1

Name	Lisa A Henson
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	REVELATION ENERGY/MILTON WV
Previous Financial Inst.	

## Owner/Signer Information 2

Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	REVELATION ENERGY RESOURCES
Previous Financial Inst.	

## Internal Use

## Account Title & Address

Active Medical Management Corporation  
1051 Main St  
Milton WV 25541

## Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual
- ☐ Joint with Survivorship  
(not as tenants in common) { X
- ☐ Joint with No Survivorship  
(as tenants in common) { X
- ☐ Trust-Separate Agreement Dated: \_\_\_\_\_
- ☐ Corporation - For Profit ☐ Partnership
- ☐ Corporation - Nonprofit ☐ Sole Proprietorship
- ☐ Limited Liability Company

## Beneficiary Designation

(Check appropriate ownership above.)

- ☐ Revocable Trust ☐ Pay-On-Death (POD)

## Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

## Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions ☒ Privacy
- ☒ Electronic Fund Transfers ☒ Truth in Savings
- ☒ Substitute Checks ☒ Funds Availability
- ☒ Common Features ☒ Fee Schedule
- ☒ Arbitration Agreement ☒ UCC § 100

☒ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [X] Lisa A Henson

2 [X] Jeffery A Hoops Sr

3 [X] 4 [X]

<b>Owner/Signer</b>	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	
<b>Owner/Signer Information 4</b>	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	
<b>Backup Withholding Certifications</b>	
(If not a "U.S. Person," certify foreign status separately.)	
TIN: [REDACTED]	
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X / <i>[Signature]</i>	<i>[Signature]</i> (Date)
Lisa A Henson	

<b>Active Medical Management Corporation</b>		
Name	Active Medical Management Corporation	
EIN	[REDACTED]	
Phone	304-390-5959	
Mobile Phone		
E-Mail		
Type of Entity	Corporation	
State/Country & Date of Organization	West Virginia, United States of America	
Nature of Business	LLC	
Address	1051 Main St Milton, WV 25541	
Mailing Address (if different)		
Authorization/Resolution Date	01/26/2015	
Previous Financial Inst.		
<b>Account Description</b>	<b>Account #</b>	<b>Initial Deposit/Source</b>
Free Business Chking /	1814	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
<b>Services Requested</b>		
<input type="checkbox"/> ATM <input type="checkbox"/> Debit/Check Cards (No. Requested: _____)		
<input type="checkbox"/> _____ <input type="checkbox"/> _____		
<input type="checkbox"/> _____ <input type="checkbox"/> _____		
<b>Other Terms/Information</b>		

UNITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

By: Black Diamond Insurance Group, LLC  
1051 Main St  
Milton, WV 25841

7591

Referred to in this document as "Financial Institution"

Referred to in this document as "United Liability Company"

I, Heather Hammond, certify that I am a Manager or Designated Member of the above named United Liability Company organized under the laws of Kentucky, Federal Employer (D. Number                     ), engaged in business under the trade name of Black Diamond Insurance Group, LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the United Liability Company or the person or persons designated by the members of the United Liability Company to manage the United Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 11-13-2014 (date). These resolutions appear in the minutes of the meeting and have not been recorded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Permit Signature (if used)
A. <u>Lisa Hansen</u>	<u>[Signature]</u>	<u>X</u>
B. <u>Jeffery Horne</u>	<u>[Signature]</u>	<u>X</u>
C. <u>Heather Hammond - Manager</u>	<u>[Signature]</u>	<u>X</u>
D. <u>                    </u>	<u>X</u>	<u>X</u>
E. <u>                    </u>	<u>X</u>	<u>X</u>
F. <u>                    </u>	<u>X</u>	<u>X</u>

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicates the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>AB</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
<u>                    </u>	(2) Open any deposit or share account(s) in the name of the United Liability Company.	<u>                    </u>
<u>                    </u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with the Financial Institution.	<u>                    </u>
<u>                    </u>	(4) Borrow money on behalf and in the name of the United Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	<u>                    </u>
<u>                    </u>	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the United Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	<u>                    </u>
<u>                    </u>	(6) Enter into a written lease for the purpose of renting, maintaining, occupying and terminating a Safe Deposit Box in this Financial Institution.	<u>                    </u>
<u>                    </u>	(7) Other <u>                    </u>	<u>                    </u>

LIMITATIONS ON POWERS The following are the United Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated                     . If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the United Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the United Liability Company on                      (date).

Heather Hammond  
Attest by One Other Manager or Designated Member                      (Signature)  
Manager or Designated Member

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution resolves that:

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscunts and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

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FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by \_\_\_\_\_ (initials) ☐ This resolution is superseded by resolution dated \_\_\_\_\_.

Comments:



# Account Agreement

Date: 06/26/2015

## Institution Name & Address

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

## Account Number

7591

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

## Owner/Signer Information 1

Name	Jeffery A Hoops
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Energy Resources
Previous Financial Inst.	

## Owner/Signer Information 2

Name	Lisa A Henson
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Energy/Milton Wv
Previous Financial Inst.	

## Internal Use

## Account Title & Address

Black Diamond Insurance Group, LLC  
1051 Main St  
Milton WV 25541-1215

## Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual
- ☐ Joint with Survivorship (not as tenants in common) { X
- ☐ Joint with No Survivorship (as tenants in common) { X
- ☐ Trust-Separate Agreement Dated: \_\_\_\_\_
- ☐ Corporation - For Profit ☐ Partnership
- ☐ Corporation - Nonprofit ☐ Sole Proprietorship
- ☒ Limited Liability Company

## Beneficiary Designation

(Check appropriate ownership above.)

- ☐ Revocable Trust ☐ Pay-On-Death (POD)
- ☐

## Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

- ☐ If checked, this is a temporary account agreement.


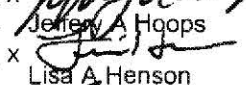

Number of signatures required for withdrawal: 1

## Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions ☐ Privacy
- ☐ Electronic Fund Transfers ☐ Truth in Savings
- ☐ Substitute Checks ☒ Funds Availability
- ☐ Common Features ☒ Fee Schedule
- ☐ Arbitration Agreement ☐

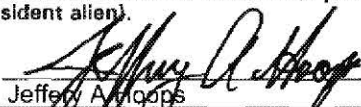
☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

- 1 [ X ]  Jeffery A Hoops
- 2 [ X ]  Lisa A Henson
- 3 [ X ]  Brent Walls
- 4 [ X ]

CRF?

Owner/Signer Information 3	
Name	Brent Walls
Relationship	Auth Signer
Address	[REDACTED]
Mailing Address (if different)	[REDACTED]
Home Phone	[REDACTED]
Work Phone	[REDACTED]
Mobile Phone	[REDACTED]
E-Mail	[REDACTED]
Birth Date	[REDACTED]
SSN/TIN	[REDACTED]
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	[REDACTED]
Other ID (Description, Details)	[REDACTED]
Employer	Walls & Associates, LLC
Previous Financial Inst.	

Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications	
(If not a "U.S. Person," certify foreign status separately.)	
TIN: [REDACTED]	
<input checked="" type="checkbox"/> <b>Taxpayer I.D. Number (TIN)</b> - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> <b>Backup Withholding</b> - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> <b>Exempt Recipients</b> - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X 	(Date)
Jeffrey A. Hoops	

Signature Card-Multistate  
Bankers Systems™ MDP EWMPPM  
Wolters Kluwer Financial Services ©2003, 2006

Non-Individual Owner Information	
Name	Black Diamond Insurance Group, LLC
EIN	[REDACTED]
Phone	304-390-5959
Mobile Phone	
E-Mail	
Type of Entity	Limited liability company
State/Country & Date of Organization	West Virginia, United States of America
Nature of Business	LLC
Address	1051 Main St Milton, WV 25541-1215
Mailing Address (if different)	
Authorization/Resolution Date	06/26/2015
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Business Analyzed Chkg /	[REDACTED] 7591	\$ 0.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other Terms/Information	
MDaniels-Charleston	

MPMP-IAZ 5/2/2007

Initials: \_\_\_\_\_ Page 2 of 2



# Account Agreement

Date: 11/13/2014

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

Account Number

7591

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner information on page 2. There is additional Owner/Signer information space on page 2.

Owner/Signer Information 1	
Name	Lisa Henson
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 2	
Name	Jeffery Hoops Sr
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

## Internal Use

Account Title & Address

Black Diamond Insurance Group, LLC  
1051 Main St  
Milton WV 25541

## Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual
- ☐ Joint with Survivorship (not as tenants in common) { X
- ☐ Joint with No Survivorship (as tenants in common) { X
- ☐ Trust-Separate Agreement Dated: \_\_\_\_\_
- ☐ Corporation - For Profit ☐ Partnership
- ☐ Corporation - Nonprofit ☐ Sole Proprietorship
- ☐ Limited Liability Company

## Beneficiary Designation

(Check appropriate ownership above.)

- ☐ Revocable Trust ☐ Pay-On-Death (POD)
- ☐

## Beneficiary (Name, Age, Address, and SSN)

(Check appropriate beneficiary designation above.)


- ☐ If checked, this is a temporary account agreement.

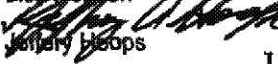
Number of signatures required for withdrawal: \_\_\_\_\_

## Signature Card

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

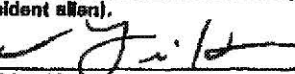
- ☐ Terms and Conditions ☐ Privacy
- ☐ Electronic Fund Transfers ☐ Truth in Savings
- ☐ Substitute Checks ☐ Funds Availability
- ☐ Common Features ☐ Fee Schedule
- ☐ Arbitration Agreement ☐
- ☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [X]  Lisa Henson

2 [X]  Jeffery Hoops Sr

3 [X] 4 [X]

CONFIDENTIAL

Personal Information	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	
Direct Support Information	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	
Backup Withholding Certification	
(If not a "U.S. Person," certify foreign status separately.)	
TIN: _____	
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X	 (Date)
Lisa Henson	

Business Information	
Name	Black Diamond Insurance Group, LLC
EIN	
Phone	304-390-5959
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	United States of America
Nature of Business	LLC
Address	1051 Main St Milton, WV 25541
Mailing Address (if different)	
Authorization/Rescission Date	
Previous Financial Inst.	
Business Description	
Business Analyzed Chkg / 76	7591
	<input type="checkbox"/> Cash <input type="checkbox"/> Check
	<input type="checkbox"/> Cash <input type="checkbox"/> Check
	<input type="checkbox"/> Cash <input type="checkbox"/> Check
Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
Other Terms Information	
Komer/Charleston Main	

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301


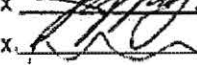
By: Grand Patrician Resort LLC  
1050 Main St  
Milton, WV 25541

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, \_\_\_\_\_, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number \_\_\_\_\_, engaged in business under the trade name of Grand Patrician Resort LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on \_\_\_\_\_ (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. Brent Walls Auth. Signer	X 	X _____
B. Jeffery A Hoops Sr Auth. Signer	X 	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
A B	(1) Exercise all of the powers listed in this resolution.	1
	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7) Other _____	

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated \_\_\_\_\_. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on \_\_\_\_\_ (date).

Attest by One Other Manager or Designated Member \_\_\_\_\_ Manager or Designated Member

OFF 2 NOV 2 020100

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56: Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56: Decedents, Estates and Fiduciaries Code).

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FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by \_\_\_\_\_ (initials) ☐ This resolution is superseded by resolution dated \_\_\_\_\_.

Comments:

**Account Agreement**Date: 11/01/2018**Institution Name & Address**

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

**Account Number**

8723

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

**Owner/Signer Information 1**

Name	Jeffery A Hoops Sr.
Relationship	Auth. Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Energy Resources
Previous Financial Inst.	Chase

**Owner/Signer Information 2**

Name	Brent Walls
Relationship	Auth. Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Walls & Associates, LLC
Previous Financial Inst.	USAA

**Internal Use****Account Title & Address**

Grand Patrician Resort LLC  
1051 Main St 1051 Main Street  
Milton, WV 25541

**Ownership of Account**

The specified ownership will remain the same for all accounts.

- ☐ Individual
- ☐ Joint with Survivorship (not as tenants in common) { X \_\_\_\_\_
- ☐ Joint with No Survivorship (as tenants in common) { X \_\_\_\_\_
- ☐ Trust-Separate Agreement Dated: \_\_\_\_\_
- ☐ Corporation - For Profit ☐ Partnership
- ☐ Corporation - Nonprofit ☐ Sole Proprietorship
- ☒ Limited Liability Company

**Beneficiary Designation**

(Check appropriate ownership above.)

- ☐ Revocable Trust ☐ Pay-On-Death (POD)
- ☐ \_\_\_\_\_

**Beneficiary Name(s), Address(es), and SSN(s)**

(Check appropriate beneficiary designation above.)

- ☐ If checked, this is a temporary account agreement.

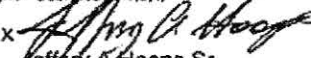
Number of signatures required for withdrawal: 1

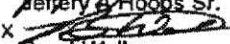
**Signature(s)**

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☐ Terms and Conditions ☐ Privacy
- ☐ Electronic Fund Transfers ☐ Truth in Savings
- ☐ Substitute Checks ☐ Funds Availability
- ☐ Common Features ☐ Fee Schedule
- ☐ Arbitration Agreement ☐ \_\_\_\_\_

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [ X ]   
Jeffery A Hoops Sr.

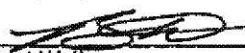

2 [ X ]   
Brent Walls

3 [ X ] 4 [ X ]



Owner/Signer Information 3	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications	
(If not a "U.S. Person," certify foreign status separately.)	
TIN: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
x  11/1/18	
Brent Wells	

Non-Individual Owner Information		
Name	Grand Patrician Resort LLC	
EIN	<span style="background-color: black; color: black;">XXXXXXXXXX</span>	
Phone	304-390-5971	
Mobile Phone		
E-Mail		
Type of Entity	LLC	
State/Country & Date of Organization	WV USA	
Nature of Business	LLC	
Address	1050 Main St. Milton WV 25541 1051	
Mailing Address (if different)		
Authorization/Resolution Date		
Previous Financial Inst.		

Account Description	Account #	Initial Deposit/Source
Free Bus. Checking / 75	8723	\$ 100.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: <input type="text"/> )
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other Terms/Information	
Obstetric/Chas. Main	

Signature Card-Multistate  
Bakers Systems™ MDF, EYVMPMP  
Wolters Kluwer Financial Services ©2003, 2006

MPMP-LAZ 5/2/2007  
Initials: \_\_\_\_\_ Page 2 of 2

GRF 2 NOV 2 02018

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301


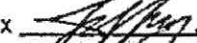
By: Grand Patrician Resort LLC  
1050 Main St  
Milton, WV 25541

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, \_\_\_\_\_, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number \_\_\_\_\_, engaged in business under the trade name of Grand Patrician Resort LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on \_\_\_\_\_ (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. Brent Walls Auth. Signer	X 	X _____
B. Jeffery A Hoops Sr Auth. Signer	X 	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
A B	(1) Exercise all of the powers listed in this resolution.	1
	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7) Other _____	

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated \_\_\_\_\_. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on \_\_\_\_\_ (date).

Attest by One Other Manager or Designated Member \_\_\_\_\_ Manager or Designated Member

OFF 2 NOV 2 02019



As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56: Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56: Decedents, Estates and Fiduciaries Code).

---

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by \_\_\_\_\_ (initials) ☐ This resolution is superseded by resolution dated \_\_\_\_\_.

Comments:

# Account Agreement

Date: 11/01/2018

<b>Institution Name &amp; Address</b>	
United Bank - Charleston 500 Virginia St E Charleston, WV 25301	
<b>Account Number</b> 8723	

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

<b>Owner/Signer Information 1</b>	
Name	Jeffery A Hoops Sr.
Relationship	Auth. Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Energy Resources
Previous Financial Inst.	Chase

<b>Owner/Signer Information 2</b>	
Name	Brent Walls
Relationship	Auth. Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Walls & Associates, LLC
Previous Financial Inst.	USAA

<b>Internal Use</b>
<b>Account Title &amp; Address</b>
Grand Patrician Resort LLC 1051 Main St 1051 Main Street Milton, WV 25541
<b>Ownership of Account</b>
The specified ownership will remain the same for all accounts.
<input type="checkbox"/> Individual <input type="checkbox"/> Joint with Survivorship (not as tenants in common) { X <input type="checkbox"/> Joint with No Survivorship (as tenants in common) { X <input type="checkbox"/> Trust-Separate Agreement Dated: _____ <input type="checkbox"/> Corporation - For Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - Nonprofit <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Limited Liability Company
<b>Beneficiary Designation</b>
(Check appropriate ownership above.)
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Pay-On-Death (POD) <input type="checkbox"/>
<b>Beneficiary Name(s), Address(es), and SSN(s)</b>
(Check appropriate beneficiary designation above.)

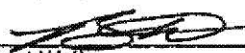

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

<b>Signature(s)</b>	
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:	
<input type="checkbox"/> Terms and Conditions <input type="checkbox"/> Electronic Fund Transfers <input type="checkbox"/> Substitute Checks <input type="checkbox"/> Common Features <input type="checkbox"/> Arbitration Agreement	<input type="checkbox"/> Privacy <input type="checkbox"/> Truth in Savings <input type="checkbox"/> Funds Availability <input type="checkbox"/> Fee Schedule
<input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)	
1 [ X ]	Jeffery A Hoops Sr.
2 [ X ]	Brent Walls
3 [ X ]	
	4 [ X ]

Owner/Signer Information 3	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications	
(If not a "U.S. Person," certify foreign status separately.)	
TIN [REDACTED]	
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
x	 11/1/18 
Brent Wells	

Non-Individual Owner Information		
Name	Grand Patrician Resort LLC	
EIN	[REDACTED]	
Phone	304-390-5971	
Mobile Phone		
E-Mail		
Type of Entity	LLC	
State/Country & Date of Organization	WV USA	
Nature of Business	LLC	
Address	1050 Main St. Milton WV 25541 1051	
Mailing Address (if different)		
Authorization/Resolution Date		
Previous Financial Inst.		

Account Description	Account #	Initial Deposit/Source
Free Bus. Checking / 75	[REDACTED] 8723	\$ 100.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Other Terms/Information	
Obstetric/Chas. Main	

Signature Card-Multistate  
Bakers Systems™ MDF, EYVMPMP  
Wolters Kluwer Financial Services ©2003, 2006

MPMP-LAZ 5/2/2007  
Initials: \_\_\_\_\_ Page 2 of 2

GRF 2 NOV 2 02018

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

By: Construction & Reclamation Services, LLC  
1051 Main St Suite 2  
Milton, WV 25541-1215

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, \_\_\_\_\_, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number \_\_\_\_\_, engaged in business under the trade name of Construction & Reclamation Ser, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 10/10/2018 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Signature (if used)
A. <u>Brent Walls Auth Signer</u>	X <u>[Signature]</u>	<u>SIGN HERE</u>
B. <u>Jeffery A Hoops Sr Auth Signer</u>	X <u>[Signature]</u>	<u>SIGN HERE</u>
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>AB</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other _____	_____

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated \_\_\_\_\_. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on \_\_\_\_\_ (date).

Attest by One Other Manager or Designated Member \_\_\_\_\_ Manager or Designated Member

CRF 5 OCT 16 2018

3041

### Account Agreement

Date: 10/10/2018

<b>Institution Name &amp; Address</b>	
United Bank - Charleston 500 Virginia St E Charleston, WV 25301	
<b>Account Number</b>	
3041	

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

<b>Owner/Signer Information 1</b>	
Name	Brent Walls
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Walls & Associates, LLC
Previous Financial Inst.	Usaa

<b>Owner/Signer Information 2</b>	
Name	Jeffery A Hoops Sr
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Energy Resources
Previous Financial Inst.	Chase

<b>Internal Use</b>
<b>Account Title &amp; Address</b>
Construction & Reclamation Services, LLC 1051 Main St Suite 2 Milton WV 25541-1215

<b>Ownership of Account</b>	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Trust-Separate Agreement Dated:	
<input type="checkbox"/>	
<input type="checkbox"/> Corporation - For Profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation - Nonprofit	<input type="checkbox"/> Sole Proprietorship
<input checked="" type="checkbox"/> Limited Liability Company	

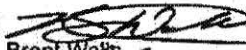



<b>Beneficiary Designation</b>	
(Check appropriate ownership above.)	
<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/>	

<b>Beneficiary Name(s), Address(es), and SSN(s)</b>	
(Check appropriate beneficiary designation above.)	

<input type="checkbox"/> If checked, this is a temporary account agreement.
Number of signatures required for withdrawal: 1
<b>Signature(s)</b>



The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

<input checked="" type="checkbox"/> Terms and Conditions	<input type="checkbox"/> Privacy
<input type="checkbox"/> Electronic Fund Transfers	<input type="checkbox"/> Truth in Savings
<input type="checkbox"/> Substitute Checks	<input checked="" type="checkbox"/> Funds Availability
<input type="checkbox"/> Common Features	<input checked="" type="checkbox"/> Fee Schedule
<input type="checkbox"/> Arbitration Agreement	<input type="checkbox"/>
<input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)	

1 [X]    
Brent Walls  
2 [X]    
Jeffery A Hoops Sr  
3 [X] 4 [X]

CRF 5 OCT 16 2018



Client/Signer Information 3		Account/Signer Information	
Name		Name	Construction & Reclamation Services, LLC
Relationship		SSN	[REDACTED]
Address		Phone	304-541-2059
Mailing Address (if different)		Mobile Phone	
Home Phone		E-Mail	
Work Phone		Typical Entity	Limited liability company
Mobile Phone		State/Country & Org. of Organization	West Virginia, United States of America
E-Mail		Nature of Business	LLC
Birth Date		Address	1051 Main St Suite 2 Millen, WV 25541-1215
SSN/TIN		Mailing Address (if different)	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Authorization/Registration Date	10/10/2018
Other ID (Description, Detail)		Previous Financial Inst.	na
Employer			
Previous Employer (Inst.)			
Client/Signer Information 4		Account Description / Account # / Initial Deposit / Savings	
Name		Analyzed Business	[REDACTED] 3041
Relationship		Checking / 76	100.00
Address			<input type="checkbox"/> Cash <input type="checkbox"/> Check
Mailing Address (if different)			<input type="checkbox"/> Cash <input type="checkbox"/> Check
Home Phone			<input type="checkbox"/> Cash <input type="checkbox"/> Check
Work Phone			<input type="checkbox"/> Cash <input type="checkbox"/> Check
Mobile Phone			<input type="checkbox"/> Cash <input type="checkbox"/> Check
E-Mail			<input type="checkbox"/> Cash <input type="checkbox"/> Check
Birth Date			<input type="checkbox"/> Cash <input type="checkbox"/> Check
SSN/TIN			<input type="checkbox"/> Cash <input type="checkbox"/> Check
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)			<input type="checkbox"/> Cash <input type="checkbox"/> Check
Other ID (Description, Detail)			<input type="checkbox"/> Cash <input type="checkbox"/> Check
Employer			<input type="checkbox"/> Cash <input type="checkbox"/> Check
Previous Employer (Inst.)			<input type="checkbox"/> Cash <input type="checkbox"/> Check
Backup Withholding & Certifications		Services Requested	
(If not a "U.S. Person," certify foreign status separately.)		<input type="checkbox"/> ATM <input type="checkbox"/> Debit/Check Cards (No. Requested: _____)	
TIN: [REDACTED]		<input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input checked="" type="checkbox"/> Taxpayer (T.O. Number (TIN) - The number shown above is my correct taxpayer identification number.		<input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding or as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.		<input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.		<input type="checkbox"/> _____ <input type="checkbox"/> _____	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).			
X  10-10-18 			
Brent Walls			

Signature Card Multiple  
Business Systems 901 - 12/1/18  
Visitors Know Financial Services 92003, 2006

3/0/18/182 11/3/2017

Signature \_\_\_\_\_ Page 2 of 2

CRF 5 OCT 16 2018

1269  
Dase

**LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION**

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

By: Lexington Coal Company, LLC  
Suite 100  
Milton, WV 25541-1215

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, Jeffery A Hoops Sr, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number [REDACTED], engaged in business under the trade name of Lexington Coal Company, LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 01/23/2019 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

**AGENTS** Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Jeffery A Hoops Sr Auth Signer</u>	X <u>[Signature]</u>	X
B. <u>Drew R Kesler Auth Signer</u>	X <u>[Signature]</u>	X
C. <u>D. J. METRICK</u>	X <u>[Signature]</u>	X
D. _____	X _____	X
E. _____	X _____	X
F. _____	X _____	X

**POWERS GRANTED** (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>AB</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other _____	_____

**LIMITATIONS ON POWERS** The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

**EFFECT ON PREVIOUS RESOLUTIONS** This resolution supersedes resolution dated \_\_\_\_\_. If not completed, all resolutions remain in effect.

**CERTIFICATION OF AUTHORITY**

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on \_\_\_\_\_ (date).

Attest by One Other Manager or Designated Member \_\_\_\_\_

CRP'S FEB 19 2019



LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

By: Lexington Coal Company, LLC  
Suite 100  
Milton, WV 25541-1215

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, \_\_\_\_\_, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number \_\_\_\_\_, engaged in business under the trade name of Lexington Coal Company LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on \_\_\_\_\_ (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Jeffery A Hoops Sr</u>	<u>[Signature]</u>	X
B. <u>Drew R Kesler</u>	<u>[Signature]</u>	X
C. <u>Steven R Poe</u>	<u>[Signature]</u>	X
D. _____	X	X
E. _____	X	X
F. _____	X	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>ABC</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7) Other _____	

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated \_\_\_\_\_. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on \_\_\_\_\_ (date).

Attest by One Other Manager or Designated Member \_\_\_\_\_ Manager or Designated Member

OCT 20 2017  
CRF 4

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, redemptions and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, for that are filed separately by the Limited Liability Company with the Financial Institution from time to time the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by \_\_\_\_\_ (Initials) ☐ This resolution is superseded by resolution dated \_\_\_\_\_.

Comments:

OCT 20 2017

CRF 4

**Account Agreement**

Date: 01/23/2019

**Institution Name & Address**

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

**Account Number**

1269

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

**Owner/Signer Information 1**

Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	REVELATION ENERGY RESOURCES
Previous Financial Inst.	

**Owner/Signer Information 2**

Name	Drew R Kesler
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	REVELATON MANAGEMENT CORP
Previous Financial Inst.	

**Internal Use**

**Account Title & Address**

Lexington Coal Company, LLC  
1051 Main St Suite 100  
Milton WV 25541-1215

**Ownership of Account**

The specified ownership will remain the same for all accounts.

- ☐ Individual
- ☐ Joint with Survivorship (not as tenants in common) { X \_\_\_\_\_
- ☐ Joint with No Survivorship (as tenants in common) { X \_\_\_\_\_
- ☐ Trust-Separate Agreement Dated: \_\_\_\_\_
- ☐ Corporation - For Profit ☐ Partnership
- ☐ Corporation - Nonprofit ☐ Sole Proprietorship
- ☒ Limited Liability Company

**Beneficiary Designation**

(Check appropriate ownership above.)

- ☐ Revocable Trust ☐ Pay-On-Death (POD)
- ☐ \_\_\_\_\_

**Beneficiary Name(s), Address(es), and SSN(s)**

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.

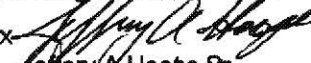
Number of signatures required for withdrawal: 1


**Signature(s)**

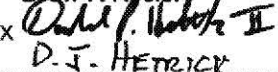
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions ☐ Privacy
- ☐ Electronic Fund Transfers ☐ Truth in Savings
- ☐ Substitute Checks ☒ Funds Availability
- ☐ Common Features ☒ Fee Schedule
- ☐ Arbitration Agreement ☐ \_\_\_\_\_

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [x]  ]

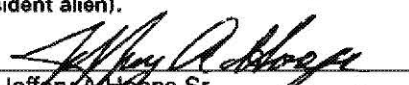
2 [x]  ]

3 [x]  ] 4 [x] ]

CRF 3 FEB 19 2019

Owner/Signer Information 3	
Name	Donald P. Hetrick II
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Lexington Coal Company, LLC
Previous Financial Inst.	N/A

Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications	
(If not a "U.S. Person," certify foreign status separately.)	
TIN: [REDACTED]	
<input checked="" type="checkbox"/> <b>Taxpayer I.D. Number (TIN)</b> - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> <b>Backup Withholding</b> - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> <b>Exempt Recipients</b> - I am an exempt recipient under the Internal Revenue Service Regulations.	
<b>I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).</b>	
X	 2-4-19 (Date) Jeffery A. Hoops Sr

Non Individual Owner Information	
Name	Lexington Coal Company, LLC
EIN	
Phone	304-390-5959
Mobile Phone	
E-Mail	
Type of Entity	Limited liability company
State/Country & Date of Organization	West Virginia, United States of America
Nature of Business	LLC
Address	Suite 100 Milton, WV 25541-1215
Mailing Address (if different)	
Authorization/Resolution Date	01/23/2019
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Analyzed Business Checking /	1269	\$ 0.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other Terms Information	
JMartin/Charleston	



Account Agreement

Date: 10/16/2017

**United Bank - Charleston**  
500 Virginia St E  
Charleston, WV 25301

1289

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.  
Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer information space on page 2.

Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Energy Resources
Previous Financial Inst.	Chase
Name	Drew R Kasler
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Management Corp
Previous Financial Inst.	NA

**Internal Use**

**Lexington Coal Company, LLC**  
1051 Main St.  
Suite 100  
Millon WV 25541-1215

**Ownership of Account**

The specified ownership will remain the same for all accounts.

☐ Individual  
☐ Joint with Survivorship (not as tenants in common) { X  
☐ Joint with No Survivorship (as tenants in common) { X  
☐ Trust-Separate Agreement Dated: \_\_\_\_\_  
☐ \_\_\_\_\_

☐ Corporation - For Profit ☐ Partnership  
☐ Corporation - Nonprofit ☐ Sole Proprietorship  
☒ Limited Liability Company

**Beneficiary Designation**  
(Check appropriate ownership above.)  
☐ Revocable Trust ☐ Pay-On-Death (POD)  
☐ \_\_\_\_\_

**Beneficiary Designation (Check appropriate beneficiary designation above.)**  
☐ If checked, this is a temporary account agreement.  
 Number of signatures required for withdrawal: 1

**Signatures**

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agencies on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

☒ Terms and Conditions ☐ Privacy  
☐ Electronic Fund Transfers ☐ Truth in Savings  
☐ Substitute Checks ☒ Funds Availability  
☐ Common Features ☒ Fee Schedule  
☐ Arbitration Agreement ☐ \_\_\_\_\_  
☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

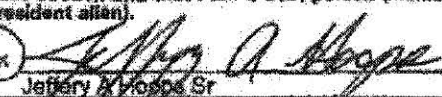
1 (X) Jeffery A Hoops Sr [Signature]  
 2 (X) Drew R Kasler [Signature]  
 3 (X) Steven R Pos [Signature] 4 [X]

Signature Card/Multistate  
Barriers Systems In Custom MDR, KWVMP/MP  
Waters-Kloster Financial Services #2003, 2008

MRP/LA2 5-2-2007

Initials Page 1 of 2

OCT 20 2017  
CRF 4

<b>Personal Information</b>	
Name	Steven R Poe
Relationship	Auth Signer
Address	[REDACTED]
Mailing Address (if different)	[REDACTED]
Home Phone	[REDACTED]
Work Phone	[REDACTED]
Mobile Phone	[REDACTED]
E-Mail	[REDACTED]
Birth Date	[REDACTED]
SSN/TIN	[REDACTED]
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	[REDACTED]
Other ID (Description, Details)	[REDACTED]
Employer	Julier/Alpha Resources
Previous Financial Inst.	None
<b>Business Information</b>	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	
<b>Backup Withholding Certifications</b>	
(If not a "U.S. Person," certify foreign status separately.)	
TIN: [REDACTED]	
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
 <span style="float: right;">10/19/17 (Date)</span>	

<b>Business Information</b>	
Name	Lexington Coal Company, LLC
TIN	[REDACTED]
Phone	304-390-5559
Mobile Phone	
E-Mail	
Type of Entity	Limited liability company
State/Country & Date of Organization	West Virginia, United States of America
Address	LLC
Address	Suite 100 Milton, WV 25541-1215
Mailing Address (if different)	
Authorized Representative	
Previous Financial Inst.	None
<b>Account Description</b>	
Business Analyzed	1268
Chkg / 76	500.00
	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check
	<input type="checkbox"/> Cash <input type="checkbox"/> Check
	<input type="checkbox"/> Cash <input type="checkbox"/> Check
<b>Services Requested</b>	
<input type="checkbox"/> ATM <input type="checkbox"/> Debit/Check Cards (No. Requested: _____)	
<input type="checkbox"/> _____ <input type="checkbox"/> _____	
<b>Other Terms Information</b>	

Services Card-Medicaid  
Services System™ 2005, cvv/vmp  
Waters Klauer Financial Services ©2005, 2006

APMP-LAZ 5/3/2007

Initials: \_\_\_\_\_ Page 2 of 2

OCT 20 2017  
CRF 4

**LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION**

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

By: Lexington Coal Company, LLC  
Suite 100  
Milton, WV 25541-1215

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, Jeffery A Hoops Sr, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number [REDACTED], engaged in business under the trade name of Lexington Coal Company, LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 01/23/2019 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

**AGENTS** Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Jeffery A Hoops Sr Auth Signer</u>	X <u>[Signature]</u>	X
B. <u>Drew R Kesler Auth Signer</u>	X <u>[Signature]</u>	X
C. <u>D. J. HETRICK</u>	X <u>[Signature]</u>	X
D. _____	X _____	X
E. _____	X _____	X
F. _____	X _____	X

**POWERS GRANTED** (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>AB</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other _____	_____

**LIMITATIONS ON POWERS** The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

**EFFECT ON PREVIOUS RESOLUTIONS** This resolution supersedes resolution dated \_\_\_\_\_. If not completed, all resolutions remain in effect.

**CERTIFICATION OF AUTHORITY**

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on \_\_\_\_\_ (date).

Attest by One Other Manager or Designated Member \_\_\_\_\_ Manager or Designated Member



1415

### LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

By: Lexington Coal Company, LLC  
Suite 100  
Milton, WV 25541-1215

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, \_\_\_\_\_, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number \_\_\_\_\_, engaged in business under the trade name of Lexington Coal Company, LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 09/29/2017 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

**AGENTS** Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Steven R Poe Auth. Signer</u>	<u>[Signature]</u>	<u>[Facsimile]</u>
B. <u>Jeffery A Hoops Sr. Auth. Signer</u>	<u>[Signature]</u>	<u>[Facsimile]</u>
C. <u>Drew R Keeler Auth. Signer</u>	<u>[Signature]</u>	<u>[Facsimile]</u>
D. _____	<u>[Signature]</u>	<u>[Facsimile]</u>
E. _____	<u>[Signature]</u>	<u>[Facsimile]</u>
F. _____	<u>[Signature]</u>	<u>[Facsimile]</u>

**POWERS GRANTED** (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>ABC</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7) Other _____	

**LIMITATIONS ON POWERS** The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

**EFFECT ON PREVIOUS RESOLUTIONS** This resolution supersedes resolution dated \_\_\_\_\_, If not completed, all resolutions remain in effect.

#### CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on \_\_\_\_\_ (date).

Attest by One Other Manager or Designated Member \_\_\_\_\_ Manager or Designated Member

OCT 04 2017

CRF 2

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, redemptions and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania: The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5801 et seq. (Chapter 58: Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5801 et seq. (Chapter 58: Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by \_\_\_\_\_ (initials) ☐ This resolution is superseded by resolution dated \_\_\_\_\_.

Comments:

# Account Agreement

Date: 01/23/2019

<b>Institution Name &amp; Address</b>	
United Bank - Charleston 500 Virginia St E Charleston, WV 25301	
<b>Account Number</b>	
1415	

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

<b>Owner/Signer Information 1</b>	
Name	Jeffery A Hoops Sr
Relationship	Db
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	REVELATION ENERGY RESOURCES
Previous Financial Inst.	

<b>Owner/Signer Information 2</b>	
Name	Drew R Kesler
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	REVELATON MANAGEMENT CORP
Previous Financial Inst.	

<b>Internal Use</b>	
<b>Account Title &amp; Address</b>	
Lexington Coal Company, LLC Doj Ace For Mitigation 1051 Main St Suite 100 Milton WV 25541-1215	

<b>Ownership of Account</b>	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Trust-Separate Agreement Dated: _____	
<input type="checkbox"/> Corporation - For Profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation - Nonprofit	<input type="checkbox"/> Sole Proprietorship
<input checked="" type="checkbox"/> Limited Liability Company	

<b>Beneficiary Designation</b>	
(Check appropriate ownership above.)	
<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/>	

<b>Beneficiary Name(s), Address(es), and SSN(s)</b>	
(Check appropriate beneficiary designation above.)	

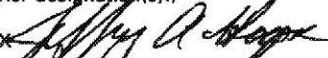
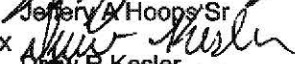
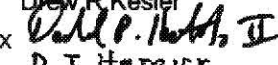
☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

<b>Signature(s)</b>
---------------------

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

<input checked="" type="checkbox"/> Terms and Conditions	<input type="checkbox"/> Privacy
<input type="checkbox"/> Electronic Fund Transfers	<input type="checkbox"/> Truth in Savings
<input type="checkbox"/> Substitute Checks	<input checked="" type="checkbox"/> Funds Availability
<input type="checkbox"/> Common Features	<input checked="" type="checkbox"/> Fee Schedule
<input type="checkbox"/> Arbitration Agreement	<input type="checkbox"/>
<input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)	

1 [x]   
Jeffery A Hoops Sr  
2 [x]   
Drew R Kesler  
3 [x]   
D. J. Hedrick  
4 [x]

CRF 3 FEB 19 2019

Owner Signer Information 3		Non Individual Owner Information	
Name	Donald P. Hetrick II	Name	Lexington Coal Company, LLC
Relationship	Auth Signer	EIN	[REDACTED]
Address	[REDACTED]	Phone	304-390-5959
Mailing Address (if different)	[REDACTED]	Mobile Phone	
Home Phone	[REDACTED]	E-Mail	
Work Phone	[REDACTED]	Type of Entity	Limited liability company
Mobile Phone	[REDACTED]	State/Country & Date of Organization	West Virginia, United States of America
E-Mail	[REDACTED]	Nature of Business	LLC
Birth Date	[REDACTED]	Address	Suite 100 Milton, WV 25541-1215
SSN/TIN	[REDACTED]	Mailing Address (if different)	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	[REDACTED]	Authorization/Resolution Date	01/23/2019
Other ID (Description, Details)	[REDACTED]	Previous Financial Inst.	
Employer	Lexington Coal Company, LLC		
Previous Financial Inst.	N/A		

Owner Signer Information 4		
Name		
Relationship		
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		
Other ID (Description, Details)		
Employer		
Previous Financial Inst.		

Backup Withholding Certifications		
(If not a "U.S. Person," certify foreign status separately.)		
TIN: [REDACTED]		
<input checked="" type="checkbox"/> <b>Taxpayer I.D. Number (TIN)</b> - The number shown above is my correct taxpayer identification number.		
<input checked="" type="checkbox"/> <b>Backup Withholding</b> - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.		
<input type="checkbox"/> <b>Exempt Recipients</b> - I am an exempt recipient under the Internal Revenue Service Regulations.		
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).		
X		2-4-19 (Date)

Account Description	Account #	Initial Deposit Source
Analyzed Business Checking /	[REDACTED] 1415	\$ 0.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested
<input type="checkbox"/> ATM <input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> _____ <input type="checkbox"/> _____

Other Terms Information
JMartin/Charleston



# Account Agreement

Date: 08/29/2017

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

1415

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Name	Steven R Poe
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Julian/Alpha Resources
Previous Financial Inst.	none
Name	Jeffery A Hoops Sr
Relationship	Obs
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Energy Resources
Previous Financial Inst.	Chase

## Internal Use

Lexington Coal Company, LLC  
Doj Acc For Mitigation  
1051 Main St.  
Suite 100  
Milton WV 25541-1215

The specified ownership will remain the same for all accounts.

- ☐ Individual
- ☐ Joint with Survivorship (not as tenants in common) { X
- ☐ Joint with No Survivorship (as tenants in common) { X
- ☐ Trust-Separate Agreement Dated: \_\_\_\_\_
- ☐ Corporation - For Profit ☐ Partnership
- ☐ Corporation - Nonprofit ☐ Sole Proprietorship
- ☒ Limited Liability Company

(Check appropriate ownership above.)

- ☐ Revocable Trust ☐ Pay-On-Death (POD)

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

The undersigned authorizes the financial institution to investigate credit and employment history and obtain reports from consumer reporting agencies on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions ☐ Privacy
- ☐ Electronic Fund Transfers ☐ Truth in Savings
- ☐ Substitute Checks ☒ Funds Availability
- ☐ Common Features ☒ Fee Schedule
- ☐ Arbitration Agreement ☐

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 ☒ Steven R Poe 08/21/17

2 ☒ Jeffery A Hoops Sr

3 ☒ Drew R Kesler

Signature Card-MultiState  
Barclays Systems™ Custom MOD. EWYMP14P  
Wolters Kluwer Financial Services ©2003, 2005

MPMP-LAZ 5/2/2007

Initials: Page 1 of 2

OCT 04 2017

CRF 2.

Owner/Signer Information	
Name	Drew R Kessler
Relationship	Auth Signer
Address	[REDACTED]
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	Revelation Management Corp
Previous Employer	NA

Owner/Signer Information	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Employer	

**Backup Withholding Certification**

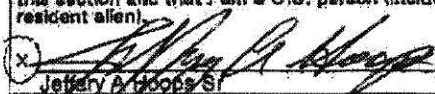
(If not a "U.S. Person," verify foreign status separately.)  
TIN: [REDACTED]

☒ Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.

☒ Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

 09-29-17 (Date)  
Jeffrey A. Hoops Sr.

Business Information	
Name	Lexington Coal Company, LLC
ED	
Phone	304-390-5959
Mobile Phone	
E-Mail	
Type of Entity	Limited liability company
State/Country & Date of Organization	West Virginia, United States of America
Nature of Business	LLC
Address	Suite 100 Milton, WV 25541-1215
Mailing Address (if different)	
Authorization Expiration Date	09/29/2017
Previous Provider	none

Account Description	Account #	Initial Deposit/Source
Business Analyzed Chkg / 75	1415	\$ 100.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
		<input type="checkbox"/> Cash <input type="checkbox"/> Check
		<input type="checkbox"/> Cash <input type="checkbox"/> Check

**Services Requested**

☐ ATM ☐ Debit/Check Cards (No. Requested: \_\_\_\_\_)

☐ \_\_\_\_\_ ☐ \_\_\_\_\_

☐ \_\_\_\_\_ ☐ \_\_\_\_\_

**Other Information**

Signature Card Multipart  
Bankers Systems™ - LDF, EIN/MPF  
Volters-Kaiser Financial Services 02503, 2006

MPMP-LAZ 5/2/2007

Initials: \_\_\_\_\_ Page 2 of 2

OCT 04 2017  
OCT 04 2017  
CRF 2

Page 39

**LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION**

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

By: Lexington Coal Company, LLC  
Suite 100  
Milton, WV 25541-1215

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, Jeffery A Hoops Sr, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of West Virginia, Federal Employer I.D. Number [REDACTED], engaged in business under the trade name of Lexington Coal Company, LLC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 01/23/2019 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

**AGENTS** Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Jeffery A Hoops Sr Auth Signer</u>	X <u>[Signature]</u>	X _____
B. <u>Drew R Kesler Auth Signer</u>	X <u>[Signature]</u>	X _____
C. <u>D. J. HETRICK</u>	X <u>[Signature]</u>	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

**POWERS GRANTED** (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>AB</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
_____	(2) Open any deposit or share account(s) in the name of the Limited Liability Company.	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Limited Liability Company, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Limited Liability Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other _____	_____

**LIMITATIONS ON POWERS** The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

**EFFECT ON PREVIOUS RESOLUTIONS** This resolution supersedes resolution dated \_\_\_\_\_. If not completed, all resolutions remain in effect.

**CERTIFICATION OF AUTHORITY**

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on \_\_\_\_\_ (date).

Attest by One Other Manager or Designated Member Manager or Designated Member

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

**Pennsylvania.** The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

---

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by \_\_\_\_\_ (initials) ☐ This resolution is superseded by resolution dated \_\_\_\_\_.

Comments:



**Account Agreement**

Date: 01/23/2019

**Institution Name & Address**

United Bank - Charleston  
500 Virginia St E  
Charleston, WV 25301

**Account Number**

1416

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

**Owner/Signer Information 1**

Name	Jeffery A Hoops Sr
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	REVELATION ENERGY RESOURCES
Previous Financial Inst.	

**Owner/Signer Information 2**

Name	Drew R Kesler
Relationship	Auth Signer
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	REVELATON MANAGEMENT CORP
Previous Financial Inst.	

**Internal Use****Account Title & Address**

Lexington Coal Company, LLC  
Ky Reclamation  
1051 Main St Suite 100  
Milton WV 25541-1215

**Ownership of Account**

The specified ownership will remain the same for all accounts.

- ☐ Individual
- ☐ Joint with Survivorship (not as tenants in common) { X
- ☐ Joint with No Survivorship (as tenants in common) { X
- ☐ Trust-Separate Agreement Dated: \_\_\_\_\_
- ☐ Corporation - For Profit ☐ Partnership
- ☐ Corporation - Nonprofit ☐ Sole Proprietorship
- ☒ Limited Liability Company

**Beneficiary Designation**

(Check appropriate ownership above.)

- ☐ Revocable Trust ☐ Pay-On-Death (POD)
- ☐ \_\_\_\_\_

**Beneficiary Name(s), Address(es), and SSN(s)**

(Check appropriate beneficiary designation above.)

- ☐ If checked, this is a temporary account agreement.

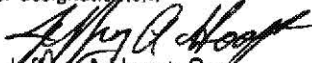
Number of signatures required for withdrawal: 1


**Signature(s)**

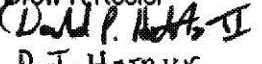
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions ☐ Privacy
- ☐ Electronic Fund Transfers ☐ Truth in Savings
- ☐ Substitute Checks ☒ Funds Availability
- ☐ Common Features ☒ Fee Schedule
- ☐ Arbitration Agreement ☐ \_\_\_\_\_

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [ X ]   
Jeffery A Hoops Sr

2 [ X ]   
Drew R Kesler

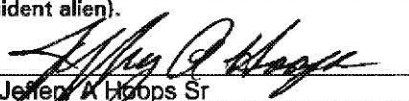
3 [ X ]  ] 4 [ X ]

D. J. HATLICK

CRF 3 FEB 19 2019

Owner Signer Information 3	
Name	Donald P. Hetrick II
Relationship	Auth Signer
Address	[REDACTED]
Mailing Address (if different)	[REDACTED]
Home Phone	[REDACTED]
Work Phone	[REDACTED]
Mobile Phone	[REDACTED]
E-Mail	[REDACTED]
Birth Date	[REDACTED]
SSN/TIN	[REDACTED]
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	[REDACTED]
Other ID (Description, Details)	[REDACTED]
Employer	Lexington Coal Company, LLC
Previous Financial Inst.	N/A

Owner Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications	
(If not a "U.S. Person," certify foreign status separately.)	
TIN: [REDACTED]	
<input checked="" type="checkbox"/> <b>Taxpayer I.D. Number (TIN)</b> - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> <b>Backup Withholding</b> - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> <b>Exempt Recipients</b> - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X	 2-4-19 (Date) Jeffrey A. Hoops Sr

Non-Individual Owner Information	
Name	Lexington Coal Company, LLC
EIN	[REDACTED]
Phone	304-390-5959
Mobile Phone	
E-Mail	
Type of Entity	Limited liability company
State/Country & Date of Organization	West Virginia, United States of America
Nature of Business	LLC
Address	Suite 100 Milton, WV 25541-1215
Mailing Address (if different)	
Authorization/Resolution Date	01/23/2019
Previous Financial Inst.	

Account Description	Account #	Initial Deposit Source
Analyzed Business Checking /	[REDACTED] 1416	\$ 0.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Other Terms/Information	
JMartin/Charleston	